EMS Funding Guidelines
North Carolina Hospital Bioterrorism Preparedness Grant
FFY2004-2005

In 2002 the North Carolina Office of Emergency Medical Services (NCOEMS), under Phase II of the HRSA federal Bioterrorism Preparedness Grant, was directed to develop a "Statewide Needs Assessment" and regional Disaster Response Plans. In 2003-2004 funding for EMS was focused on mutual aid, credentialing of clinicians, preparedness exercises, the delivery of equipment, and education for each EMS system. The FFY2004-2005 funding will be a continuation of the 2003 goals and objectives. Critical areas will continue to be *Isolation, Decontamination, Education, Communications, and Surge Capacity.*

This document assists in the completion of the 2004-2005 EMS funding application. It provides "**Guidelines"** and **"Check Boxes**" in the "Objective Confirmation Column" of each critical benchmark to aid with the conclusion of all requirements. All forms must be completed before an EMS System will be considered to receive funding. Review the section on "**Requirements"** before submitting an application.

Overview

In the FFY 2004-2005 Grant Guidelines HRSA identified Priority areas and Critical Benchmarks that will be addressed for this funding. The EMS funding guidelines are designed to assist the EMS System in meeting these priority areas and Critical Benchmarks. The EMS System shall provide a brief description on how they shall meet these priority items and Critical Benchmarks. **Please note <u>Section I required items</u> must be addressed before the EMS System can expend funds on <u>Section II Priority Items</u>.** Once **Section I Required Items** have been met, the EMS System may proceed on to **Section II Priority Items**. In **Section II** the priority items listed shall be addressed based on the needs of your system. The documentation provided to NCOEMS on each priority area will aid in the annual Federal Report due to HRSA in August 2005.

Requirements to Receive FFY 2004-2005 HRSA Funds

The FFY 2004-2005 HRSA Grant funds can only be utilized by EMS Systems that:

1. **Participate in the North Carolina PreHospital Medical Information System (PreMIS). Participation in the PreMIS system is defined by the following deliverables:**

- ***Electronic data submission to the North Carolina Office of EMS via PreMIS.***
- ***Electronic data submission that includes the required NCCEP EMS data elements associated with each EMS event***
- ***Electronic data submission for each EMS event by the end of the calendar day following the date of the event for surveillance purposes; and***
- ***Electronic data submission using any PreMIS data collection product or through the use of the PreMIS or NHTSA version 2.0XSD standards***

Applications will not be eligible for review if an EMS System is not an active participant in PreMIS.

2. **Participate in their RAC Disaster Preparedness Committee meetings.**

Operational Definitions

Regional Advisory Committees (RACS): Aggregates grouped under each of the seven trauma hospitals.
See Reference Document Section on the NCOEMS Website regarding HRSA Grant Information and locate "RAC Map".

Required Information Section

The NCOEMS Grant Review Committee will review all applications according to the **"Check Boxes"** in the "Objective Confirmation Column" of each critical benchmark. To expedite the application process, utilization of the **"Check Boxes"** by applicants is encouraged. Any questions can be directed to the Bioterrorism Specialist respectively assigned in each region. **Before consideration will be given, all paperwork must be completed and submitted to the NCOEMS along with**

TWO Certification and Acceptance forms with ORIGINAL signatures. Any incomplete application, which may include the absence of **TWO** original signed Certification and Acceptance forms, will be returned to the applicant for resubmission.

Please note critical benchmarks must be addressed in your application. EMS Systems cannot check the "no documentation provided" box and submit. This box is for NCOEMS use only.

The final submission to the NCOEMS shall include items 1 through 5 listed below with item 5 remaining optional:

1. Two Completed Grant Applications and TWO Completed Certification And Acceptance Forms with original signatures	Template 1
2. Implementation Schedule	Template 2
3. Composite Budget	Template 3
4. Detailed Budget Narrative	Template 4
5. Electronic Payment Form (Please see Budget Section)	Template 5

If contact information (contact name, email address, etc.) submitted on application changes during the grant cycle, NCOEMS must be notified in writing of the change.

Application Deadline and Award Process

All applications must be submitted to the NCOEMS no later than January 15, 2005. Applications received before this date will be accepted and processed to allow for expenditure of grant funds at an earlier time. As a reminder, applicants must submit **TWO** originals of the grant application and Certification and Acceptance Forms with original signatures. The NCOEMS will review all completed applications and notify each hospital with a letter of award and one fully executed original Certification and Acceptance form. At that point funds will be available to be expended. Projects **CANNOT** start until the grant contract is fully executed and returned to the applicant. Grant applications not approved will be returned with suggested modifications. The applicant will be asked to resubmit a revised application to the NCOEMS.

Duration of Grants/Reporting Periods

All grant contracts will expire on August 31, 2005. At this time, an extension is not anticipated.

During the term of the contract, grantees must submit quarterly progress reports if no drawdown requests and progress reports have been submitted during the quarter. Grant progress reports shall be submitted with each drawdown request. All expenditures must be completed prior to August 31, 2005. A final narrative, financial report and all final invoices must be submitted to the NCOEMS by September 30, 2005.

Budget

1. Each EMS System is required to develop a budget that supports the level of grant-related activities for each priority area.
2. Each EMS System must address each Critical Benchmark and include a detailed description of the cost for items within that Critical Benchmark on the Detailed Budget Narrative form.
3. Each EMS System must provide a Composite Budget with the total cost for each Critical Benchmark.
4. If the Electronic Payment form is not submitted with the application, the EMS System must confirm the mailing address for reimbursements in writing. Check with the Chief Financial Officer on page 1 of the EMS System Grant Application

Contract Documents

The grant contract cannot be amended orally or by performance. All amendments shall be made in written form and executed by the authorized agents of NCOEMS/Division of Facility Services and Grantee.

The documents listed in the *Required Information Section* represent the entire agreement between the parties and supersede all prior oral or written statements or agreements.

The grant contract shall be effective on the date upon which the Grantee's grant application is signed by the authorized agents of NCOEMS/Division of Facility Services.

Notice of Certain Reporting and Audit Requirements

The following provisions apply to this contract. Each corporation, organization and institution that receives, uses or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated by the General Assembly or collected by the State. State funds include federal funds that flow through the State. If the contract entity is a governmental entity, such entity is subject to the requirements of OMB Circular A-133 and the N.C. Single Audit Implementation Act of 1996. If the contract entity is a non-governmental entity, such entity is subject to the provisions of G.S. 143-6.1 and the applicable prescribed requirements in the Office of the State Auditor's Audit Advisory #2, "**Rewrite of G.S. 143-6.1 entitled Nonprofits State Funds Accountability Act - Reports on Use of State Funds by Non-State Entities,**" including its attachments. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of OMB Circular A-133.

The Department is not authorized to disburse funds to any Contractor that fail to comply with the reporting requirements of G. S. 143-6.1, for funds received during the prior fiscal year.

A Contractor who receives, uses, or expends at least $15,000 but less than $300,000 in State funds during its fiscal year, shall file with each funding state agency, a sworn accounting of receipts and expenditures of state funds in the format approved by the Office of the State Auditor. This accounting must be attested to by the Contractor's Treasurer and one other authorizing officer of the Contractor. This accounting must be filed with each funding state agency within six months, after the end of the Contractor's operating year. The sworn accounting must be filed with the **Office of the State Auditor, Attn: G.S. 143-6.1 Reporting Coordinator, 20601 Mail Service Center, Raleigh, NC 27699-0601** and with the **DHHS Controller's Office, Attn.: MARRR Unit, 2019 Mail Service Center, Raleigh, NC 27699-2019***,* within six months after the end of the Contractor's fiscal year in which the State funds were received. The Contractor should send a copy to the Division of Facility Services, Office of Emergency Medical Services, ATTN: Contract Administrator, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707.

A Contractor who receives, uses, or expends state funds of $300,000 or more during its fiscal year, shall file with the Office of the State Auditor and each funding state agency its audited financial statement(s) in accordance with the standards and formats prescribed by the Office of the State Auditor in Memorandum NGO-2 "Grantee Audit Reports." Audit reports shall be filed with the **Office of the State Auditor, Attn: G.S. 143-6.1 Reporting Coordinator, 20601 Mail Service Center, Raleigh, NC 27699-0601,** and with the **DHHS Controllers Office, Attn.: MARRR Unit, 2019 Mail Service Center, Raleigh, NC 27699-2019,** within 30 days after issuance by the Auditor, but no later than nine months after the Contractor's fiscal year end. The Contractor

should send a copy to the Division of Facility Services, Office of Emergency Medical Services, ATTN: Contract Administrator, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707.

A Contractor who receives, uses, or expends $15,000 or more in State funds shall provide to each funding state agency, a description of activities and accomplishments undertaken by the Contractor with State funds. This description must be filed with the ***Office of the State Auditor, Attn: G.S. 143-6.1 Reporting Coordinator, 20601 Mail Service Center, Raleigh, NC 27699-0601*** *and with the* ***DHHS Controllers Office, Attn.: MARRR Unit, 2019 Mail Service Center, Raleigh, NC 27699-2019****, within 90 days after the end of the Contractor's fiscal year in which State funds were received.* The Contractor should send a copy to the Division of Facility Services, Office of Emergency Medical Services, ATTN: Contract Administrator, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707.

A Contractor who has incurred $300,000 or more *($500,000 or more for fiscal years ended after December 31, 2003)* in federal expenditures as defined by OMB Circular A-133 from any source, including federal funds passed through the State or other grantors, shall obtain a single or program-specific audit conducted in accordance with the Federal Office of Management and Budget's Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations." Such audit will satisfy the audit requirements of G. S. 143-6.1.

A Contractor who disburses or transfers any State funds to other organizations, except for the purchase of goods or services as described by the Office of the State Auditor in Memorandum NGO-3 "Questions and Answers" [D-9], shall require such organizations to file with it similar reports and statements as required by G.S. 143-6.1 and the applicable prescribed requirements of the Office of the State Auditor's Audit Advisory #2 including its attachments. The Contractor shall require such organizations to furnish to the Office of the State Auditor and the funding agencies, upon request, all financial books, records, and any other information requested by them to provide full accountability for the use and expenditure of State funds.

A Contractor who disburses or transfers any pass-through federal funds received by the State to other organizations shall require such organizations to comply with the applicable requirements of OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations."

The Office of the State Auditor has audit oversight for all Contractors that receive, use, or expend State funds. The Contractor shall furnish to the Office of the State Auditor and the funding agencies, upon request, all financial books, records, and any other information requested by them to provide full accountability for the use and expenditure of State funds. In addition, the Office of the State Auditor and the funding agencies shall have access to the working papers of the Contractor's independent auditor for review as considered necessary.

Instructions and form templates to comply with the above requirements, including templates of the Sworn Accounting of Receipts and Expenditures, the Schedule of Federal and State Awards, and the Activities and Accomplishments Report, may be accessed at the following web site maintained by the Office of the State Auditor: http://www.ncauditor.net/NonProfitSite/nphome.aspx.

The Contractor's fiscal year runs from September 1, 2004, to August 31, 2005.

Equipment Purchased with Contract Funds:

Title to equipment costing in excess of $500.00 acquired by the Contractor with funds from this contract shall vest in the Contractor, subject to the following conditions:

A. The Contractor shall use the equipment in the project or program for which it was acquired as long as needed. When equipment is no longer needed for the original project or program or if operations are discontinued or at the termination of this contract, the Contractor shall contact the Division for written instructions regarding disposition of equipment.

B. With the prior written approval of the Division, the Contractor may use the equipment to be replaced as trade-in against replacement equipment or may sell said equipment and use the proceeds to offset the costs of replacement equipment.

C. For equipment costing in excess of $500.00, equipment controls and procedures shall include at a minimum the following:

1. Detailed equipment records shall be maintained which accurately include the:

a. Description and location of the equipment, serial number, acquisition date/cost, useful life and depreciation rate;

b. Source/percentage of funding for purchase and restrictions as to use or disposition; and

c. Disposition data, which includes date of disposal and sales price or method used to determine fair market value.

2. Equipment shall be assigned a control number in the accounting records and shall be tagged individually with a permanent identification number.

3. Biennially, a physical inventory of equipment shall be taken and results compared to accounting and fixed asset records. Any discrepancy shall immediately be brought to the attention of management and the governing board.

4. A control system shall be in place to ensure adequate safeguards to prevent loss, damage, or theft of equipment and shall provide for full documentation and investigation of any loss or theft.

5. Adequate maintenance procedures shall be implemented to ensure that equipment is maintained in good condition.

6. Procedures shall be implemented which ensure that adequate insurance coverage is maintained on all equipment. A review of coverage amounts shall be conducted on a periodic basis, preferably at least annually.

D. The Contractor shall ensure all subcontractors are notified of their responsibility to comply with the equipment conditions specified in this section.

Access to Persons and Records

Grantee agrees to provide the North Carolina State Auditor, OEMS, the Department of Health and Human Services, and all applicable federal agencies, or their agents, with access to persons and records for the purpose of monitoring, evaluating, or auditing this grant and the Grantee's performance, and for all other purposes required by law, regulation or policy.

Record Retention

Records shall not be destroyed, purged or disposed of without written consent from the Division. The North Carolina Department of Health and Human Services' basic records retention policy requires all records related to this grant to be retained for a minimum of three years following completion or termination of the grant. If the grant is subject to Federal policy and regulations, record retention will normally be longer than three years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this grant has been started before expiration of the three year retention period, the records

must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three year period, whichever is later.

Contact Information

Questions regarding the FFY 2004-2005 HRSA Hospital Preparedness grant application development and content should be directed to:

Ann Marie Brown
Central Regional BT Specialist
Annmarie.brown@ncmail.net

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Western Regional BT Specialist
Anita.cox@ncmail.net

Lyle Johnston
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North Carolina Hospital Bioterrorism Program

North Carolina Hospital Bioterrorism Preparedness Initiative 2004-2005 Guidelines for Funding

Section I: Required Items

The following items must be addressed by each EMS System regardless of their level of preparedness.

HRSA Priority Area #3: Emergency Medical Services

Critical Benchmark #3: Enhance the statewide mutual aid plan for upgrading and deploying EMS units in jurisdictions/regions they do not normally cover, in response to a mass casualty incident due to terrorism. This plan must ensure the capability of providing EMS triage and transportation for at least 500 adult and pediatric patients per million population.

Minimal Level of Readiness:

Awardees will have an established mutual aid plan for upgrading and deploying EMS units in jurisdictions they do not normally cover to ensure the capability of providing EMS triage and transportation for at least 500 adult and pediatric patients per million population.

Objectives	Objective Confirmation
3-a EMS Systems must provide documentation of bioterrorism plan.	☐ BT plan initiated and available for review ☐ No plan initiated at this time: intent to develop included in application ☐ No documentation provided (NCOEMS USE ONLY)
3-b EMS Systems must include school nurses in disaster planning efforts. BT plan must show integration of schools.	☐ School Nurses are currently participating in hospital disaster planning efforts. Rosters are available for audit. ☐ No integration of school nurses has been initiated at this time. Intent to include school nurses in disaster planning efforts this grant cycle. ☐ No documentation provided. (NCOEMS USE ONLY)

3-c EMS Systems must list specific entities in which Mutual Aid Agreements have been established	☐ List included in application ☐ No Mutual Aid Agreements in place at this time: intent to cultivate MAA in application ☐ No documentation provided. (NCOEMS USE ONLY)

Critical Benchmark #2-3: HEALTH CARE PERSONNEL

Establish a response system that allows the immediate deployment of additional health care personnel

Minimal Level of Readiness:
Awardees will have a response system that allows the immediate deployment of additional patient care personnel in support of surge bed capacity.

Objectives	Objective Confirmation
2-3a EMS Systems must include a brief statement of their plans for deployment of extra medical resources. If SMAT III use is the plan for surge capacity then the applicant must include their degree of participation in the SMAT program. The EMS system should address how staff is ***recruited, received, processed and managed.*** Documented in the system's disaster plan. This plan should be available for review by OEMS upon request.	☐ Participates currently in SMAT program by designating staff to regional team ☐ Does not plan to designate staff to the regional team or utilize this resource in a disaster. ☐ No statement provided in application. (NCOEMS USE ONLY)
2-3b EMS Systems must participate in affiliated Regional Advisory Committee (RAC) Disaster Preparedness Sub-Committees (DPC). This should be documented on rosters of the aforementioned committees and available to OEMS upon request to the RAC Coordinators.	☐ A representative from the facility participates in the RAC DPC. ☐ Not attending RAC DPC: intent to participate in RAC DPC included in application ☐ No documentation of affiliation in application. (NCOEMS USE ONLY)
2-3c EMS Systems – Participate in the local Homeland Security Planning Committee	☐ A representative from the facility participates in the RAC DPC. ☐ Not attending RAC DPC: intent to participate in RAC DPC included in application ☐ No documentation of affiliation in application. (NCOEMS USE ONLY)

HRSA PRIORITY AREA #4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS

Critical Benchmark #4-2: SURVEILLANCE AND PATIENT TRACKING
Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

Minimal Level of Readiness:
Awardees will have an established surveillance system that allows rural and urban hospitals, emergency medical care services systems and poison control centers to report data that is suggestive of terrorism to their local and state health departments on a 24 hour-a-day, 7-day-a-week basis.

Objectives	Objective Confirmation
4-2a EMS Systems must submit the required NCCEP data points to OEMS via PreMIS.	☐ Statement of participation included in application ☐ No documentation provided. (NCOEMS USE ONLY)

HRSA PRIORITY AREA #6: TERRORISM PREPAREDNESS EXERCISES

Critical Benchmark #6: As part of the state or jurisdiction's bioterrorism preparedness plan, exercises/drills will be conducted during FFY2004-2005. These exercises/drills should encompass at least on biological agent; the inclusion of scenarios involving radiological and chemical agents as well as explosives may also be included as part of the exercises/drills.

Minimal Level of Readiness:
Awardees will conduct terrorism preparedness exercises/drills that:

- **Contain elements addressing the needs of special populations;**
- **Emphasize a regional approach; and**
- **Are conducted with other state, local and Federal drills and exercises to maximize resources.**

6a EMS Systems must provide a brief statement of their plan to participate in at least one Bioterrorism related disaster exercise and provide an after action report during this grant cycle. Special needs populations, regional, and state agency participation must be	☐ Statement included in application ☐ No plans to date: "request assistance" statement included in application ☐ No documentation provided in the application (NCOEMS USE ONLY)

included. Exercises must be documented with the OEMS 8 weeks prior to implementation and approved per the Regional BT Specialist. The facility may "request assistance" from NCOEMS for drill participation planning.	
6b EMS Systems must send at least one person to participate in Phase I of the Statewide Pandemic Flu Exercise ***Operation Eightball (OPS 8)***, during this FFY. This funding can cover travel, lodging, registration, and meals. Grantees must follow state per diems.	☐ Statement of intent to send participant to Phase I provided in application ☐ No documentation provided in the application. (NCOEMS USE ONLY)

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-4: ADVANCE REGISTRATION SYSTEM
Develop a system that allows for the advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet patient/victim care increased surge capacity needs.
Minimal Level of Readiness: Awardees will have established a plan for their state-base systems that allow qualified competent and licensed health care professional to work in an emergency situation throughout the awardee jurisdiction.

Objectives	Objective Confirmation
2-4a EMS Systems must provide a brief statement of their plan to credential and supervise certified personnel not normally working in the county during a disaster.	☐ Statement included in application ☐ No plans at this time: intent to develop application ☐ No documentation provided in the application (NCOEMS USE ONLY)

Section II : Priority Items for Funding

The following items must be addressed based on the level of preparedness of each EMS System. Items in this section are to be addressed using the funds allocated to your system. Each EMS System will determine which items they will address based on their needs. It is anticipated that the majority of EMS System will not have enough funding to address all of the items in this section. It is up to each EMS System to prioritize the items in this section and apply funding in the most beneficial manner for the EMS System and surrounding community.

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-5: PHARMACEUTICAL CACHES

Establish regional plans that insure a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), emergency first responders and their families as well as for the general community—in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

Minimal Level of Readiness:

1. Seventy-five percent of participating hospitals will have pharmaceutical caches sufficient to cover hospital personnel (medical and ancillary), emergency first responders and family members associated with their facilities for a 72 hour time period.
   Fifty percent of awardee jurisdictions or regions as defined in the FY 2003 application will have established community wide prophylaxis plans that are compatible with other existing state immunization or prophylaxis plans.

- Please do an assessment of the number of Emergency Department and EMS staff immediate families. Immediate family is defined as those living in the same dwelling as the hospital employee. This assessment should include medical and ancillary staff as well. Plan for Doxycycline 2 tabs per person per day eg. 3-day supply of Doxycyline for 1 million people would be 6 million tablets @ 5 cents per tablet 0r $300,000.00 per million population. ***Please note this information will be due to HRSA at the end of the grant year to denote compliance or non compliance with Minimal Levels of Readiness.***

Objectives	Objective Confirmation
2-5a EMS Systems must provide a brief statement of their Pharmaceutical Cache capacity. This describes the location, description, and maintenance of drugs.	☐ Statement provided in application ☐ No cache capacity at this time: intent to expend funds on development of Pharmaceutical Cache included in application ☐ No documentation provided. (NCOEMS USE ONLY) ☐ No remaining funds for this CBM
2-5b EMS Systems need to do in house assessments and determine amount of oral prophylactic cache they need for staff and immediate family members based on the above guidance. This should be completed during this funding cycle regardless of intention to propose under this CBM. The total numbers must be reported to the Regional BT Planner by August 31, 2005.	☐ Statement of intent to complete in house cache assessment included in application. ☐ No documentation provided in the application. (NCOEMS USE ONLY)
2-5c EMS Systems may expend funds on planning for a single cache or several EMS Systems in a region building one cache for the region.	☐ Statement of intent to expend funds on planning for regional or small group cache ☐ Will not be applying for this funding at this time ☐ No documentation included in the application. (NCOEMS USE ONLY)

HRSA PRIORITY AREA #2: SURGE CAPACITY

Critical Benchmark #2-8: MENTAL HEALTH

Enhance the networking capacity and training of health care professionals to be able to recognize, treat and coordinate care related to the behavioral health consequences of bioterrorism or other public health emergencies.

Minimal Level of Readiness:

Awardees will identify the minimum behavioral health training competencies for health care professionals responding to bioterrorism or other public health emergencies.

Objectives	Objective Confirmation
2-8a EMS Systems must compile a list of personnel who have received some type of behavioral health training and can be deployed in the event of a disaster. This list shall be submitted to their regional BT Planner employed through the RAC. Examples of behavioral health training include Critical Incident Stress	☐ Statement provided in application ☐ No capacity for Mental Health intervention at this time: intent to expend funds on development and implementation included in application ☐ No documentation provided. (NCOEMS USE ONLY) ☐ No remaining funds for this CBM

Management and Red Cross training.	
2-8b EMS Systems must identify a crisis team leader to serve as that hospitals behavioral health point person or CRISIS TEAM LEADER for disasters. This documentation should be included in this application, along with this person's email or other contact information. This information will be shared with multiple stakeholders to facilitate State planning for Mental Health Response.	☐ Contact provided in application ☐ No documentation in the application. (NCOEMS USE ONLY).
2-8c EMS Systems can expend funds to send a representative to the Disaster Behavioral Health Training for Healthcare Personnel Course (a course will be held in each RAC). Funds can also be expended to send personnel to other behavioral health response trainings. This funding can cover travel, lodging, registration, and meals. Grantees must follow state per diems.	☐ No capacity for Mental Health intervention at this time: intent to expend funds on development and implementation included in application ☐ No remaining funds for this CBM ☐ No documentation provided in the application. (NCOEMS USE ONLY)

HRSA PRIORITY AREA #2: SURGE CAPACITY

CRITICAL BENCHMARK #2-10: COMMUNICATIONS AND INFORMATION TECHNOLOGY

Establish a secure and redundant communications system that ensures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.

Minimal Level of Readiness:

Awardees will have a secure and redundant communications system that allows connectivity among all agencies and healthcare entities responding to a terrorist event or other public health emergency.

The North Carolina Medical Communication Network's UHF Redundancy Model is now being adopted as the National Model for redundant communications. Please do not propose any other types of communications if your facility does not have UHF and control station as well as your 911 center.

Objectives	Objective Confirmation
2-10a EMS Systems must determine if they have radio communications equipment compatible with the NCMCN system. EMS Systems may purchase equipment from the state contract and will receive assistance with purchasing, installation and training for the UHF radio equipment compatible with this system and contract. Equipment must be in compliance with state contract ITS-001326 Specification Section UCS4 and compatible with the state operated system. *See Reference Document Section on the NCOEMS Website regarding HRSA Grant Information and locate "Communication Specifications for UHF Control Station."*	☐ Statement of existence of compatible UHF communications previously purchased and now operational. ☐ Statement of intent to purchase UHF Communications for the county EMS compatible with the state NCMCN network (only eligible if box above is affirmative). ☐ Statement of intent to purchase UHF Communications for the county 911 center compatible with the state NCMCN network. ☐ Do not wish to purchase communications.

Critical Benchmark 2-6 Personal Protective Equipment

Ensure adequate personal protective equipment (PPE) to protect 250 or more health care personnel per 1,000,000 population in urban areas, and 125 or more health care personnel per 1,000,000 population in rural areas, during a biological, chemical, nuclear and/or radiological incident. This benchmark is tied directly to the facilities ability to provide PPE for surge capacity resources as well.

Minimal Level of Readiness:

1. Awardees will possess sufficient numbers of PPE to protect both the current and additional healthcare personnel expected to be deployed in support of a bio-terrorism event.
2. Awardees will possess contingency plans to establish sufficient numbers of PPE to protect both the current and additional health care personnel expected to be deployed in support of a chemical and radiological event.

Objectives	Objective Confirmation
2-6a EMS Systems must provide a brief statement of their capacity to provide PPE to 125 personnel per 1 million population.	☐ Statement provided in application ☐ Baseline PPE cannot be met: intent to expend funds on this critical benchmark included in application ☐ No documentation provided in the application. (NCOEMS USE ONLY)

2-6b EMS Systems may purchase and provide PPE for their regional SMAT III program. This includes suits, PAPRs, and other protective equipment of various amounts.	☐ Statement of intent to purchase PPE for SMAT Program provided in application ☐ No intention at this time to purchase additional equipment for regional program ☐ No documentation provided in the application. (NCOEMS USE ONLY)

Critical Benchmark #2-7: DECONTAMINATION

Ensure that adequate portable or fixed decontamination systems exist for managing adult and pediatric patients as well as health care personnel who have been exposed in a chemical, biological, radiological, nuclear, or explosive incident in accordance with the numbers associated with CBM # 2-1 & # 2-3. All decontamination assets must be based on how many patients/providers can be decontaminated on an hourly basis. The awardee should plan to be able to decontaminate all patients and providers within 3 hours from the onset of the event

Minimal Level of Readiness:

1. Awardees will possess sufficient numbers of fixed and/or portable decontamination facilities for managing adult and pediatric victims as well as health care personnel, who have been exposed during a chemical, radiological, nuclear or biological incident.

Objectives	Objective Confirmation
2-7a EMS Systems will provide documentation of capability to decontaminate 15 ambulatory patients and 5 non ambulatory patients an hour 24/7 without assistance of Public agencies. **May not include use of Fire Staff.**	☐ Statement provided in application ☐ Baseline decontamination cannot be met: intent to expend funds on this critical benchmark included in application ☐ No documentation provided. (NCOEMS USE ONLY)
2-7b EMS Systems will provide a brief statement describing their capability to provide antidotes for nerve agents for 25 people.	☐ Statement provided in application ☐ No capacity for antidotes at this time: intent to expend funds on this critical benchmark included in application. (NCOEMS USE ONLY)

HRSA PRIORITY AREA #5: EDUCATION AND PREPAREDNESS TRAINING

Critical Benchmark #5: Awardees will utilize competency based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident.

Minimal Level of Readiness:

Education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel are competency based.

Objectives	Objective Confirmation
5a EMS Systems must provide a brief statement communicating specific educational needs not addressed under other Critical Benchmarks.	☐ Statement of educational needs included in application ☐ No specific educational needs at this time ☐ No remaining funds for this CBM

Section III: Optional Items

This section contains items which may be addressed by EMS Systems if the minimal requirements for each of the items in Section II have either been met or addressed in some fashion. It is expected that Section III will be minimally addressed this funding year, but more completely addressed in the future.

Critical Benchmark 2-9: Trauma and Burn Care Capacity

For awardees choosing to fund this section, enhance statewide trauma care capacity to be able to respond to a mass casualty incident due to terrorism. This plan should ensure the capability of providing trauma care to at least 50 severely injured adult and pediatric patients per million of population per day.

Objectives	Objective Confirmation
2-9b EMS Systems may expend funds on Trauma or Burn Care as approved by the NCOEMS.	☐ Intent to utilize funds included in application.

Section IV: Supplemental Funding

This section contains extra funding allocations for SMAT recipients.

SMAT III additional supply funds

Objectives	Objective Confirmation
SMAT III programs may apply for up to $2000.00 in additional funding. This may be used for supplies for the teams and additional training. ****New construction or vehicle purchases are non allowable items. Please call your Regional BT Specialist with any questions concerning this***	☐ SMAT III Program wishes to apply for the $ 2000.00 in additional funds. The items to be purchased must be sent in on a budget narrative and composite budget form attached. ☐ SMAT III Program does not intend to apply for this additional funding at this time.